

**Provider Type 57 Adult Group Care Waiver**  
**Reimbursement Rates**

Updated: October 14, 2010

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Procedure Code	Description	Mod	Rate
S5126	ATTENDANT CARE SERVICE /DIEM	U1	20.00
S5126	ATTENDANT CARE SERVICE /DIEM	U2	45.00
S5126	ATTENDANT CARE SERVICE /DIEM	U3	60.00
T1016	CASE MANAGEMENT - Private Entity		15.84
T1016	CASE MANAGEMENT - Public Entity		25.75
T2031	ASSIST LIVING WAIVER/DIEM	U1	20.00
T2031	ASSIST LIVING WAIVER/DIEM	U2	45.00
T2031	ASSIST LIVING WAIVER/DIEM	U3	60.00